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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/758,459          |           |
|   | Filing Date          | January 15, 2004    |           |
|   | First Named Inventor | Daniel et al.       |           |
|   | Group Art Unit       | 3727                |           |
|   | Examiner Name        | TBD                 |           |
| Total Number of Pages in This Submission  | 3                    | Attorney Docket No. | 40661-031 |

**ENCLOSURES (check all that apply)**

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| <input type="checkbox"/> Charge Deposit Account -20-0823<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> Affidavits/declarations(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)) | <input type="checkbox"/> Assignment and Recordation Form Cover Sheet<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b)<br><input checked="" type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Request To Rescind Previous Nonpublication Request<br><input type="checkbox"/> Response to Notice of Allowability<br><input type="checkbox"/> Other Enclosure(s) (please identify below) Return receipt post card |
| Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet<br><input type="checkbox"/> Amount:   |   |  |

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| Signature               |   |
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